NEW FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION

Environmental Health Services

CHEMUNG COUNTY HEALTH DEPARTMENT 103 Washington Street, Post Office Box 588

Elmira, New York 14902

Phone: (607) 737-2019 Fax: (607) 737-2059 www.chemungcountyhealth.org email: EHS@ChemungCountyNY.gov

For Office Use Only	Balance Due:
	Approved by: Expir:

It is a violation of the NYS Sanitary Code and the Chemung County Sanitary Code to operate a Food Service Establishment without a valid permit. Please type or print the required information and return the completed application and fees to the above address at least 21 days before the first day of operation. Failure to do so may delay issuance of your permit to operate. Make checks payable to: Chemung County Health Department

ESTABLISHMENT TY	PE (Check all that apply):		For Office Use Only:	
Restaurant - Full Service	Restaurant - Fast Food/Light Meals Caterin	Q - Off Premise	FS Estab. #:	
☐ Mobile Unit/Pushcart	☐ Tavern — Beverages & snacks only ☐ School	J	Op ID #:	
☐ Church/Fire Dept	_ , , _		Date C of O issued:	
	-		Risk Level Assigned: High Med Low	
SECTION A - FACILIT	TY INFORMATION (Entire section mus	t be completed by all	applicants)	
Facility Name:			Phone:	
Facility Address:		Please indicate where you would like permits & renewal paperwork sent - Mailing Address: City, State, Zip:		
City, State, Zip:				
In Operation (check one):	☐ Year-round ☐ Seasonal (no more	than 6 months) - Opening	Date: Closing Date:	
Days/Hours of Operation:	(Please list all days and hours that you are	e open for business):	Seating Capacity:	
Water supply (check one)): Public Private (If Private - Type of	f Water Disinfection: 🔲 C	hlorinated 🔲 UV Radiation 🔲 None)	
Sewage System (check o	one): 🗌 Public 🔲 Private			
Is any food prepared a	t another location? No Yes, (If Yes)	s, state location:)	
	R/OPERATOR INFORMATION			
Legal Operator or Operating Corporation:		Email Address	(required):	
Operator Address:			City, State, Zip:	
Phone:	Cell Phone:		Fax #:	
	he same as the Operator information listed abov			
Owner Name:		Email Address	:	
Owner Address:			City, State, Zip:	
			Fax #:	
			Cell Phone:	
		ES, Please fill out Section G		
SECTION C - WORKE	ER'S COMPENSATION & DISABILIT	Y INSURANCE INFO	DRMATION	
	enalties of perjury, that the above described ope s completed CE-200 stating that such coverage			
Worker's Compensation In	surance (Attach proof of Insurance form to a	pplication). Check whic	h form is provided as proof:	
☐ Form C-105.2	☐ Form U-26.3 ☐ Form SI-12 [☐ Form GSI-105.2 (no	te: Acord Forms cannot be accepted as proof)	
Disability Insurance (Attac	h proof of Insurance form to application) Che	eck which form is provid	ed as proof:	
Form DB-120.	.1	s cannot be accepted as p	roof)	
<i>OR</i> > ☐ Form CE-200 s	submitted to this Department on:	(This exemption form need or	nly be filled out if you <u>do not</u> have insurance listed above)	
Note: You must attac	h a copy of your completed form CE-200 to this a	application, please be sure	e to sign the bottom of this form.	

SECTION D - Complete for	r <u>SEASONAL</u> FO	OD SERVICE* Establishments only	
* To qua	lify as Seasonal, your	establishment must be open for business no more than 6	consecutive months per year
Expected Opening Date:		Expected Closing Date:	
Food to be served:			
A PRESEASONAI	_ INSPECTION IS	REQUIRED - PLEASE CALL 737-2019 FOR AN	APPOINTMENT
SECTION E - COMPLETE	FOR <u>MOBILE</u> FOO	DD SERVICE UNITS OR PUSHCARTS ONLY	
Type of vehicle: Motoriz	zed (License plate #	#:) □ Pushcart □ Othe	er:
Commissary address* (Loc where food is made and/or stored).			
Food to be served:			
A PRESEASONAI	_ INSPECTION IS	REQUIRED - PLEASE CALL 737-2019 FOR AN	APPOINTMENT
SECTION F - COMPLETE I	OR <u>VENDING</u> (F	OOD AND BEVERAGE MACHINES) or CATER	RING
Commissary address* (Loc where food is made and/or stored).			
>>> Please attach a list of a	II <u>vending machine</u>	locations and food dispensed at each location.	
		Chemung Co. you must attach a copy of your mo along with a copy of a valid Health Permit for the f	
SECTION G - CORPORAT	E OFFICERS OR C	DRGANIZATION LEADERS	
List all corporate officers or secretary, treasurer, etc. At	_	rs involved in the operation of the facility. Include ets as necessary.	vice president(s),
Name:	<u>Title:</u>	Home Address:	Home Phone:
SECTION H – BUILDING C	WNER INFORMA	TION	
Regarding the building in wh		vice Establishment will operate (mark one):	
I own the building			
☐ I rent/lease the building f	rom	Contact Phone:	
SECTION I - SIGNATUR	E ENTIRE	SECTION MUST BE COMPLETED BY ALL A	APPLICANTS
	delay issuance of y	ICATION ARE PUNISHABLE UNDER THE PEN your permit to operate. APPLICATION FEES ARE oplication is true.	
Print Na	me:	Title:	

INSTRUCTIONS FOR FILLING OUT ATTACHED APPLICATION

Please fill in the required information on the attached application. Please note the following:

- > APPLICATION FEES ARE NON-REFUNDABLE Make checks payable to Chemung County Health Dept.
- Please provide us with your e-mail address. Inspection reports will now be electronic and have to be emailed to the facility operator.
- > WORKERS' COMPENSATION AND DISABILITY INSURANCE

As a government agency, we are prohibited from issuing permits until you submit either proof of insurance or a CE-200 Exemption form. See below for details.

> <u>SIGNATURE</u> - All applications <u>must</u> be signed (on back).

Workers' Compensation and Disability Insurance Requirements for Permitted Facilities

The following forms must accompany the application to document compliance with the Worker's Compensation Law. Permits will not be issued without this paperwork.

These forms can be sent directly to our office by your insurance agent via email to EHS@chemungcountyny.gov, fax (607) 737-2059, or they can be mailed to our office along with your application. For security reasons we ask that if these documents are emailed to us the sender include the name of the facility in the subject line.

→ When Worker's Comp and/or Disability coverage IS provided.

Proof of Workers' Compensation Insurance:

Form C-105.2 – Certificate of Worker's Compensation Insurance (Contact your Insurance carrier; they will have to generate this form).
 Note: Form C-105 is not acceptable proof, must be form C-105.2
 OR

One \

 \mathbf{of}

these

- Form U-26.3 Certificate of Workers' Compensation Insurance (Issued by the State Insurance Fund, you will have to contact them).

 OR
- Form SI-12 Certificate of Workers' Comp Self-Insurance (usually only applies to major corporations or government agencies). OR
 - **GSI 105.2** Certificate of Participation in Workers' Compensation Group Self-Insurance (usually only applies to major corporations or government agencies).

AND

Proof of Disability Benefits Insurance:

One of ≺ these

- **DB-120.1** Certificate of Disability Benefits (**Contact your Insurance carrier**; they will have to generate this form). **Note:** Form **DB-120** is not acceptable proof, must be form **DB-120.1** OR
- Form DB-155 Certificate of Disability Benefits Self-Insurance Insurance (usually only applies to major corporations or government agencies).

Important: Acord Forms are not acceptable as proof of insurance coverage.

→ When Worker's Comp and/or Disability coverage IS NOT provided.

Form CE-200 – Certificate of Attestation of **Exemption** from NYS Workers' Compensation and/or Disability Benefits Coverage.

You can obtain form CE-200 from the following:

On-line – Either email us at EHS@chemungcountyny.gov or call our office at 607-737-2019 to request that we email you the link to the Worker's Comp Board Website along with instructions on how to complete the form online.

Submit the completed and signed CE-200 to our office along with your application.

tt B	hould lo	OK HKC	tnis:
j	Of This form comme be a		of Exemption of Companisation orange Contrage existin rights or abligation of any parts.**
	applicant day so: the Contholes offic walters' conferencies authors here sendor business in that business		X to their a government among that More Well State a requested. The applicant may SELT use this State.
Pho		of settle from elicit top per our	erder a south forms of course. This Configure will
	So the Application of Guepal Earthy Name and Addis-		Surface Applying Fact Model Committed Franciscopy CONNECT SEALTH BEFORETHING
Thi	Actual and place of suppliers of	THE STATE OF THE S	TO DEFAIR NEW YORK SERVE SPECIFIC FEBVER for the tributing cause: the even, face as or engineers, do below toward using barry contract of schools have.
	oldin Borella Françoise Sources	thing for a school perpendicular	TO ORTHON NEW YORK DOORS PRANCEDING
10 m	The above second houseons is not OREARRALITY BEARER however, NUTET to other. It is execution on all Time York Bears and is not a not of the most and holding all affairs of as are not allow of stacks. Old at a who is home bearer to account or that one	personal OR 21 to 2 day or more a to comparable of the comparable area of the comparable of the comparable of the comparable of the comparable of the com	to the following conserv- menting-internaling LLC, CLE TALE, BLLE or LPT analogs entire contend corporately, with those individuals moving all competitions can't individual most for an effort and prom- tition, the following above to regard disclosing and paid or lefts these or of least 20 days in any collector year in colors for illustration and from the property Laws Standards Lanca- ciants for illustration and from the property Laws Standards Lanca-
10 to	This above security becomes a set to the SASS IN SASS	by more individuals. Off 21 is a com- pression. Off 51 is a color of recover- tion and the color of a color particle and administration of the color of the administration of the color of the other of the color of the color of the color of the other of	monthly deciding LLC, LLD TALK BALK on LP1 seeks mile orbital corporation, with those both shade energing and proposation much benchmark most be an elither and your littles, the foreign shade most require disability and paid to take theirs on at least 60 days as an extension over in
10 to	This above security becomes in an GASSLETT EACH. GASSLETT EA	by more individuals. Off 21 is a com- pression. Off 51 is a color of recover- tion and the color of a color particle and administration of the color of the administration of the color of the other of the color of the color of the color of the other of	emelly dischalfed (LCC, LLE PLACE RLLL for LP) washes that control displaced in with close and which emelled all amountains with half-robal metels for all filter and year all amountains with half-robal metels for all filter and year to establishing and and filter any amountains pass or makes the inflaminity world multiplace (Robalde Lace). Standing Laces included the inflaminity world multiplace (Robalde Laces) and produced the filter and the date of multiplace of passion of passions (Robalde and Robalde and Robalde and Robalde and passions). The filter and the analysis of passions of Passions and and a passions of Passions and Robalde and Robalde and Robalde passions and Robalde and Robalde and Robalde and Robalde passions and Robalde and